Name in Full: Certificate of Death

Julius C Harris Alton

Died at: Town: Chaneyville County: Calvert MARYLAND

Date 1904 Month: Dec Day: 18 | Age: Y. 70 M. D. | Native of: Md | Occupation: Laborer

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ / Widow / Widower | Divorced | Number of children living: Seven

Husband of / Wife: Nancy Harris

Father's Name: David Alton | Mother's Maiden Name: Mary Cook

Cause of Death: Primary: Apoplexia 120. | Immediate: Coma | How long sick: Two weeks

Accident, Suicide, Homicide

Reported by: Dr J L Brayshaw

Address: Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU, 79898

Name in Full: Thomas L. Carpenter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Beach; County: Calvert

Date of death: 1904; Month: March; Day: 16; Age: Years: 56; Months: 9; Days: 10

Sex: Male; Color or Race: White; Birthplace: St Marys Co

Occupation: Merchant; Where Residing if not at place of death: At Home

Married, Single or Widowed: Married; Name of Wife or Husband: Lizzie Basford

Father's Name: Unknown; Father's Birthplace:

Mother's Maiden Name: Unknown; Mother's Birthplace:

Name of person giving Information: 64; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage; How long: 4 days

Immediate: Paralysis; How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. M. Chaney M.D.

Address: Chaney, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Elizabeth Coates — Certificate of Death

Died at Town: Port Tobacco — County: Calvert — MARYLAND

Date 19[illegible] Month: March Day: 12 | Age Y. 6 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name George Coates | Mother's Maiden Name Susan Sommers

Cause of Death: Primary Convulsions — How long sick 2 days

Immediate Cause — Accident, Suicide, Homicide

Reported by Dr J L Brayshaw

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: William Lenard Coots

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: near Markleysburg — County: Fayette

Date of death 1904 — Month: March — Day: 30

Age — Years: 6 — Months: — Days: 9

Sex:

Color or Race: Colored

Birthplace: near Markleysburg Pa

~~Married~~, Single or ~~Widowed~~:

Occupation:

Name of Wife or Husband:

Father's Name: Benson Coots

Father's Birthplace: Calvert

Mother's Maiden Name: Emma Steward

Mother's Birthplace: "

Name of person giving Information: Mamie Delap

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179.

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

D. Brooks & Bro

LIBRARY BUREAU A6831G

Name in Full: Charles L. Dougherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Solomons; County: Calvert

Date of death 1904: Month: March; Day: 26

Age: Years: 68; Months: 6; Days: 14

Sex: Male

Color or Race: White

Birthplace: Somerset Co. Md

Married, Single or Widowed: Married

Occupation: Freight agent.

Name of Wife or Husband: Sarah E. Green

Father's Name: Nathaniel Dougherty

Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Valencia Miles

Mother's Birthplace: Somerset Co. Md

Name of person giving information: Sarah E. Daugherty

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza

How long: 4½ mos.

Immediate: Bronchitis Chronic (Bronchorrhoea)

How long: 3 mos.

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: W. H. Marsh.

Address: Solomons Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mrs Ann Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Republic County: Calvert

Date of death: 1904 Month: March Day: 11 Age: Years: 75 Months: 3 Days:

Sex: Female Color or Race: Colored Birthplace: Calvert

Occupation: Housewife Where Residing if not at place of death: Near Port Republic

Married, Single or Widowed Name of Wife or Husband

Father's Name: Abt Brooks Father's Birthplace: Calvert

Mother's Maiden Name: Rachel Brooks Mother's Birthplace: Calvert

Name of person giving information: Demot Browne How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility How long: 2 years

Immediate: Apoplexy How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P Bryson

Address: Sunderland Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Thomas Alexander Gross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Buena Vista. County: Calvert.

Date of death 1904: Month: March. Day: 5. Age: Years: 72. Months: 2. Days: 4

Sex: Male. Color or Race: Colored. Birthplace: Calvert Co

Occupation: Mail Carrier. Where Residing if not at place of death: Died at home.

Married, Single or Widowed: Widower. Name of Wife or Husband: ———

Father's Name: Alexander Gross. Father's Birthplace: Maryland

Mother's Maiden Name: Maizy ——— 93. Mother's Birthplace: Maryland

Name of person giving Imformation: John Key dr Grass. How related to deceased: Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: 14 days.

Immediate: Heart Failure & Suffocation. How long: ½ day

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E Huggins

Address: Buena Vista

Accident or Suicide? No.

LIBRARY BUREAU A88510

Name in Full: Robert S. Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown; County: Calvert

Date of death: 1904; Month: March; Day:

Age: Years: 44; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Cal. Co.

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Robert Harrison; Father's Birthplace: Cal. Co.

Mother's Maiden Name: Martha Harrison; Mother's Birthplace: " "

Name of person giving Information: Frank T. Harrison; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Alcoholism; How long: 1 hour

Immediate: Pneumonia; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Tuttle

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Edward Ford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Channyville — County: Calvert

Date of death: Month: 1904 May — Day: 5 — Age: Years: 74 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co

Occupation: Farming — Where Residing if not at place of death: Channyville

Married, Single or Widowed: Married — Name of Wife or Husband: Lucinda Goos

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: King Fowlkes — How related to deceased: Son-in-Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Laryngitis, Acute — How long: 7 days.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. M. Chaney

Address: Chaney.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83618

Name in Full: Mary Isaac

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mount Harmony; County: Calvert

Date of death: Month: Mar; Day: 20; Year: 1904; Age: Years: 36; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Calvert Co

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Edward Isaac

Father's Name: Williams Wallace; Father's Birthplace: Calvert Co

Mother's Maiden Name: Eliza Grass; Mother's Birthplace: Calvert Co

Name of person giving information: Edward Ford 29; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Bowels; How long: Several Months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Henry Kent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Huntingtown — County: Calvert

Date of death	Month	Day	Years	Months	Days
1904	Mch	10	Age 20		

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name of Wife or Husband: John Brown

Father's Name: George Kent — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Maria Lake — Mother's Birthplace: Cal. Co.

Name of person giving Information: Henry Kent — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Linthicum

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A63616

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Buena Vista — County: Calvert

Date of death	Month	Day	Years	Months	Days
1904	March	23	Age		

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William Locke — Father's Birthplace: Calvert Co

Mother's Maiden Name: Maggie Locke — Mother's Birthplace: Charles Co Md

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Margaret King M.D.

Address: Buena Vista Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Robert Nelson Railey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Solomons — County: Calvert.

Date of death 190 4 — Month: March — Day: 20

Age — Years: — Months: 5 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Solomons.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philip M. Railey — Father's Birthplace: St. Mary's Co.

Mother's Maiden Name: Mary Tarleton. 92 — Mother's Birthplace: Baltimore

Name of person giving Information: Charles Railey — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia — How long: 3 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Marsh.

Address: Solomons Md.

Accident or Suicide? —

LIBRARY BUREAU A8851B

Name in Full

Geo. B. Rogers

Certificate of Death

57

Died at Town Bowie County Calvert MARYLAND

Date 1907 Month March Day 25 | Age Y. 46 M. 7 D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower ~~Divorced~~ | Number of children living 2

Husband of Wife Annie E Rogers

Father's Name James Rogers | Mother's Maiden Name Harriet Ruge

Cause of Death: Primary Car. Lumbocorni 26 | How long sick 2 years

Immediate | Accident, Suicide, Homicide

Reported by P Brown M D

Address Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mamie Olive J. B. Rojas

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CERTIFICATE OF DEATH

MARYLAND

Died at Town Brookeville District County

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	March	24	Age		7

Sex Female | Color or Race White | Birthplace Brookeville Md.

Occupation — | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name Berry Rojas — 72 | Father's Birthplace Baltimore

Mother's Maiden Name Hannah L. Bowen | Mother's Birthplace Calvert Co Md

Name of person giving Information Buy Rojas | How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pernicious Malarial Fever | How long 2 days.

Immediate Brain Congestion. | How long 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician P. Brashears M.D.

Address Mutual Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Naomi Sewell

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bowie Md. County: Prince

Date of death 1906	Month	Day	Years	Months	Days
	March	11	—	9	—

Sex: Female

~~Color~~ or Race: White

Birthplace: Prince Geo

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Ely Sewell 95

Father's Birthplace: Maryland

Mother's Maiden Name: Flora Howard

Mother's Birthplace: Prince Geo Md

Name of person giving information: Jno Sewell

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Lungs — How long: 5 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P Brewer MD

Address: Bowie Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charity Sorrell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lusby; County: Calvert

Date of death: Month: March; Day: 23; 1904

Age: Years: 67; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Calvert Co Md

Occupation: House keeper

Where Residing if not at place of death: With sister

Married, Single or Widowed: Widowed

Name of Wife or Husband: Dead.

Father's Name: Nelson Gross

Father's Birthplace: Calvert Co

Mother's Maiden Name: Rebecca Janey 66.

Mother's Birthplace: Calvert Co

Name of person giving Information: Louisa Weems

How related to deceased: Sister-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: about 11 mos

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. H. Chambers M.D.

Address: Lusby Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Filopeman Wesley Sparklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cox P.O. County: Calvert

Date of death 1904: Month: Mch Day: 6 Years: Age 81 Months: 11 Days: 14

Sex: Male Color or Race: White Birthplace: Dalton Md

Occupation: Merchant Where Residing if not at place of death:

Married, Single or Widowed: Name or Wife or Husband:

Father's Name: Samuel Sparklin Father's Birthplace:

Mother's Maiden Name: Rebecca Sparklin Mother's Birthplace:

Name of person giving Information: Eddie A. Gibson 79 How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency How long: 5 yrs

Immediate: Cerebral Embolism How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Leitch

Address: Huntingtown, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Mrs Elizabeth M. Talbott

CERTIFICATE OF DEATH

MARYLAND

Died at: Dr. Farm — Town: [illegible] — County: Calvert Co

Date of death	Month	Day	Years	Months	Days
1904	March	27	Age 52	2	1

Sex: Female — Color or Race: White — Birthplace: Calvert Co Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Saml. Talbott. Md

Father's Name: Edna. Mattingly — Father's Birthplace: St. Marys Co Md

Mother's Maiden Name: Mary Lewis — Mother's Birthplace: Calvert Co Md

Name of person giving Information: Saml Talbott — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Uteri — How long: 2 years

Immediate: Asthenia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P Brown

Address: Mutual Md

Accident or Suicide?

LIBRARY BUREAU A3B316

Name in Full: Samuel Fowler Wells

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Huntingtown — (County) Calvert

Date of death 1904 — Month Mch — Day 22 — Age: Years Born dead — Months — Days

Sex Male — Color or Race White — Birthplace Cal. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name William Wells Sr. — Father's Birthplace A. A. Co.

Mother's Maiden Name Marion E Fowler — Mother's Birthplace Cal. Co.

Name of person giving Information Samuel Fowler — How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Born dead — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Faichild

Address Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Iva E Wilkinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Harmony — County: Calvert

Date of death: Month: Mar — Day: 17 — Year: 1904 — Age: Years: 6 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Friendship

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

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TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence W Wilkinson — Father's Birthplace: Calvert Co

Mother's Maiden Name: Laura A Hutchins — Mother's Birthplace: Va

Name of person giving Imformation: C W Wilkinson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: Four weeks

Immediate: Collapse and Heart Failure — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J L Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A38516

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CERTIFICATE OF DEATH

MARYLAND

Name in Full: James Louisa Young

Died at — Town: Mutual P.O. — County: Calvert

Date of death	Month	Day	Age — Years	Months	Days
1904	March	17	24	5	17

Sex: Female — Color or Race: Colored — Birthplace: Calvert

Occupation — Where Residing if not at place of death

Married, ~~Single~~ or Widowed: married — Name or Wife or Husband: L

Father's Name: John J. D. Rice — Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary C. Tyler — Mother's Birthplace: Calvert Co.

Name of person giving Information: Ursula J. Rice — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 3 Children living — How long

Immediate: Consumption — How long 1 Year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. Brooks

Address: Buckner Jno

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816